

DIRECT PAYMENT ENROLLMENT FORM

Stop writing checks and start saving time! With automatic withdrawal from your checking or savings account, paying is easy, confidential, and free!

#1 Complete the contact information requested below. (Please print).			
Name:			
Service Address:		State:	Zip:
Daytime Phone: E-mail:			
#2 Provide your six-digit Waterford Township DPW account number. #3 Provide the required financial information below. To ensure the correct account number and ABA/routing number are used, we encourage you to contact your financial institution for assistance.			
Financial Institution: ABA/ Routing #			
Checking Account #	Saving A	ccount #	
Please designate a specific checking account OR savings account			
#4 Provide your signature for authorization.			
I authorize Waterford Township Water & Sewer to deduct my payment(s) from the checking or savings account listed above. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify Waterford Township Water & Sewer.			
REQUIRED This form cannot be processed without your signature.			
SignatureDate			

Return Form To:

Waterford Township Water & Sewer 5240 Civic Center Drive Waterford, MI 48329